**GRADS Student Needs Questionnaire**

Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRADS Enrollment Date:\_\_\_\_\_\_\_\_\_\_\_\_ Age/Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary language Spoken at Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The purpose of this questionnaire is to help identify your needs and your child’s needs in a variety of areas and attempt to match your needs with school or community resources and services. Please answer the questions below by checking the appropriate response. If you are uncomfortable answering any of the questions, please answer Not Applicable (N/A). Your GRADS teacher or case manager will follow up with you to discuss your needs in order to provide you with referrals to other professionals and/or agencies who may assist in addressing those needs.

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| **Basic Needs** |
| 1. How long have you been in the GRADS program?◯ 4 or more years ◯ 3 years ◯ 2 years ◯ 1 year ◯ New  |
| 2. Do you (and child) have enough clothing?◯ Never ◯ Sometimes ◯ Always  |
| **3. Do you (and child) have enough food?** ◯ Never ◯ Sometimes ◯ Always |
| 4. Where did you stay last night?◯ Room, apartment or house that either you, your partner, or your parent/guardian rent ◯ Apartment of house that either you, your partner, or your parent/guardian own.◯ In a friend’s or family member’s room, apartment or house.◯ Hotel or motel paid for without emergency shelter voucher◯ Foster care home or foster care group home◯ Group home or other supervised residential care facility◯ Street, car, park, etc◯ Emergency shelter◯ Jail, prison, or juvenile detention facility◯ Other (please describe) |
| 5. How long have you stayed in the place you stayed last night?◯ One week or less◯ More than one week, but less than one month◯ One to three months◯ More than three months, but less than one year◯ One year or longer |
| 6. Why do you need or want to leave the place you stayed last night? Please check all of the reasons why you need to leave the place you stayed last night. ◯ I plan on staying at the place I stayed last night◯ Received an eviction notice◯ Non-payment of rent or past due rent◯ Unable to pay future rent because lost housing subsidy, job or other income source◯ Non-payment of utilities or utility shut-off◯ Housekeeping concerns (failure to maintain cleanliness of unit)◯ Housing is or will be condemned◯ Friend or family member being evicted or threatened with eviction◯ Threat of abuse by partner, family member or other◯ Begin discharged or service is being terminated◯ Personal conflict with others◯ Other health or safety concerns◯ Other lease violation(s) (Please describe)◯ Other (Please describe) |
| **7. Do you need help to find or secure housing tonight or within the next month?**◯ No ◯ Yes |
| **8. Do you have heat, electricity, a phone and running water where you live?**◯ No ◯ Yes |
| 9. Do you have transportation issues getting to school?◯ No ◯ Yes |
| 10. Do you have transportation issues when meeting basic needs? (Ex: doctor’s apts. Grocery shopping, etc.)◯ No ◯ Yes |
| **Educational** |
| 1. Do you attend school on a regular basis?◯ absent 3 days per grading period ◯ absent more than 3 days per grading period ◯ absent 5- 10 days (or more) per grading period  |
| 2. Is there anything that prevents you from attending school?◯ Yes ◯ No |
| 3. Are you having trouble with your classes? ◯ Yes ◯ No  Homework?◯ Yes ◯ No  |
| 4. Are you passing all of your classes? ◯ Yes ◯ No  |
| 5. Do you need extra help or tutoring? ◯ Yes ◯ No  |
| 6. If yes, would you have child care available when tutoring is offered?◯ Yes ◯ No  |
| 7. Do you have internet access to be able to work on assignments?◯ Yes ◯ No  |
| **College/Career Readiness/Employment Assistance** |
| 1. Do you have a current Next Step Plan that identifies your education and career goals?◯ Yes ◯ No  |
| 2. Do you plan to further your education after high school (i.e., career technical school, college or military)?◯ Yes ◯ No  |
| 3. Do you want help in developing a career technical education program? Note: ACTE program can help prepare you for education and career after high school and could include high school career cluster classes, dual credit classes, and industry certification.◯ Yes ◯ No  |
| 4. Do you need help applying to college or career technical school? ◯ Yes ◯ No  |
| 5. Do you currently have a job? ◯ Yes ◯ No  |
| 6. Do you need help applying for a job? ◯ Yes ◯ No  |
| 7. Do you need help with job skills such as: ◯ resume writing ◯ interviewing ◯ job searches  |
| **Emotional/Behavioral** |
| 1. During the past 6 months, have you had feelings of:◯ worry ◯ anxiety ◯ sadness ◯ being bored or disinterested ◯ anger or irritability |
| 2. If you marked any of the above, did these feeling affect or limit your ability to participate in social, school or other daily activities? ◯ Yes ◯ No  |
| 3. Do you have a trusted adult to go to for help when you are having these feelings?◯ Yes ◯ No  |
| **Physical Health** |
| 1. Do you feel healthy? ◯ Yes ◯ No  |
| 2. Do you have any health concerns? ◯ Yes ◯ No  |
| 3. Do you have a doctor or nurse that provides you with regular medical care, including vision checks? ◯ Yes ◯ No  |
| 4. Do you have a dentist that provides you with regular dental care? ◯ Yes ◯ No  |
| 5. Are there any barriers that prevent you from accessing health care? ◯ Yes ◯ No  |
| 6. Do you need help getting health insurance?◯ Yes ◯ No  |
| **Reproductive Health** |
| 1. Do you have access to family planning(reproductive health, contraception) services? ◯ Yes ◯ No  |
| 2. Do you want more information about sexual health risk? ◯ Yes ◯ No  |
| 3. Are you or your partner pregnant? ◯ Yes ◯ No  |
| 4. If pregnant, are you receiving prenatal care? ◯ Yes ◯ No  |
| **Child/Children’s Needs** |
| 1. Does your child have a doctor who provides regular well-child exams? ◯ Yes ◯ No ◯ N/A |
| 2. Does your child have a dentist who provides regular dental care?◯ Yes ◯ No ◯ N/A |
| 3. Do you know what the requirements for your child’s immunizations (shots) are? ◯ Yes ◯ No  |
| 4. Does your child receive regular developmental screenings? ◯ Yes ◯ No ◯ N/A |
| 5. Do you have any concerns about your child’s health or behavior? ◯ Yes ◯ No ◯ N/A |
| 6. Are your childcare needs being met during the day? ◯ Yes ◯ No ◯ N/A Evening? ◯ Yes ◯ No ◯ N/A |
| 7. Do you need help applying for CYFD child care assistance? ◯ Yes ◯ No ◯ N/A |
| 8. **Do you have any concerns about your child’s safety?** ◯ Yes ◯ No ◯ N/A |
| 9. Does your child have any needs that are not being met? ◯ Yes ◯ No ◯ N/A |
| **Legal** |
| 1. Do you need any help with any immediate legal issues (e.g., child custody, child support, etc)? ◯ Yes ◯ No ◯ N/A |
| 2. Do you need legal assistance with any of the following:◯ immigration/citizenship ◯ protective order ◯ parenting plan ◯ N/A |
| 3. Do you know your legal rights and responsibilities as a parent?◯ Yes ◯ No  |
| **Relationships** |
| 1.Do you feel your relationship with your partner is healthy? ◯ Yes ◯ No ◯ N/A  |
| 2. Have you ever experienced domestic violence? ◯ Yes ◯ No ◯ N/A |
| 3. Has your child ever witnessed or experienced domestic violence? ◯ Yes ◯ No ◯ N/A |
| 4. Has your partner ever: Mark all that apply◯ called you insulting names ◯ threatened you in anyway ◯ controlled or limited your activities with friends or family ◯ pushed or hit you ◯ N/A |
| 5. Have you ever: Mark all that apply◯ called your partner insulting names ◯ threatened your partner in anyway ◯ controlled or limited your partner’s activities with friends or family ◯ pushed or hit your partner ◯ N/A |